



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 22919 SOLEDAD CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 253-9888

OWNER OF BUSINESS: SOMPIS TINA NORMAN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GOLDEN HANDS THERAPEUTIC

MAILING ADDRESS: 22919 SOLEDAD CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

		<u>APPROVED</u>	<u>DATE</u>	SIGNATURE
<u> </u>	1. Animal Care & Control			
	2. Risk Management	HARACO , The Control of the Control	- Marie Carlotte - Marie - Mar	
X	3. Building & Safety	YES	06/16/15	tchen
X	4. Fire Department	YES	07/21/15	tchen
X	5. Public Health	YES	03/28/16	nlove
	6. Treasurer & Tax Collector		· ·	
X	7. Business License Commission			
X	8. Sheriff Department	YES	11/03/15	tchen
X	9. Regional Planning Commission	YES	06/11/15	tchen
	10. Weights and Measures			
X	11. Publishing	YES	04/07/16	tchen
	12. Public Works - EPD			
X	13. Sheriff Fingerprint	YES	11/03/15	tchen
	14. Emergency Medical Services			

Conditions:



Application taken by:

Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

QU30

Fee: \$ 2,158.00 1D# 142426 **BUSINESS INFORMATION** Type of Business:

Address of Business: Schedered Campon Rel. Source (Town

Business Telephone: 60) 253-9888

DBA (Business Name):

Golden Homols Therapentic Message "Same" Sellers Permit # (State Board of Equalization): AR 102-10330 Single Owner ___ Partnership ___ LLC ___ Corporation X **Business Ownership Structure:** If LLC or Corporation, the information below is required: Date of Incorporation: OS/03/06. Incorporated in the State of: Golden Hourd's Thirapentic Massage Inc. Exact Corporate Name: **Names of Officers** SCMPIS NORMAN Vict President Some APPLICANT INFORMATION Applicant's Full Name: TINA NORMAN SEMPIS Home Address: Home Telephone: Cell Phone: iyledit_norman@yaheo.com. Social Security #: Date of Birth: Place of Birth: Driver's License or State ID#: **Expiration Date** Female X Height Weight Hair Color Male The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations. Date: 6/10/15 Applicant's Signature:

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BUILDING & SAFETY SANTA CLARITA
APPROVAL DENIAL
RECOMMENDATION: We recommend approval at this time.
SIGNATURE: W. Hamule DATE: 6/16/15

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PUBLIC HEALTH LA COUNTY						
APPROVAL DENIAL						
RECOMMENDATION:						
SIGNATURE: 2. Martine DATE: 3/28/2016						

BASICLICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142426



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30x 54970, Los Angeles, CA 90054-0970

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SHERIFF FINGERPRINT LA COUNTY

	APPROVAL	☐ DENIAL	· · · · · · · · · · · · · · · · · · ·
RECOMMENDATION:	APPROVED		
SIGNATURE:	WP 53WD	DATE:	11/3/15

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DATE 06/11/15

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BASIC LICENSE NO. 8430	DATE 06/11/15	IDENTIFICATION NUMBER 142426					